

AMENDMENT TO THE CLAIMS:

1. (Currently Amended) A method of treatment of a respiratory coronavirus infection in a patient comprising administering to said patient an effective amount of an alpha thymosin peptide selected from the group consisting of naturally occurring thymosin alpha 1 (TA1) and synthetic or recombinant TA1 peptides that have (1) the amino acid sequence of naturally occurring TA1, (2) an abbreviated amino acid sequence of naturally occurring TA1, or (3) substituted, deleted, elongated, or replaced amino acid sequences; wherein said synthetic or recombinant TA1 peptides consist of amino acid sequences substantially similar thereto and possess bioactivity substantially similar to that of naturally occurring TA1 and wherein said patient has a respiratory coronavirus infection, has had contact with a SARS carrier or is an asymptomatic SARS carrier.
2. (Canceled).
3. (Original) The method of claim 1 wherein said respiratory viral infection is SARS.
4. (Original) The method of claim 1 wherein said amount of alpha thymosin peptide is within a range of about 0.1-20mg.
5. (Original) The method of claim 4 wherein said range is about 0.5-10mg.
6. (Original) The method of claim 4 wherein said range is about 1-5mg.
7. (Original) The method of claim 1 wherein said alpha thymosin peptide is thymosin alpha 1.

8. (Original) The method of claim 7 wherein said thymosin alpha 1 is administered to said patient at a dosage within a range of about 1-5mg.
9. (Original) The method of claim 8 wherein said dosage is about 1.6-3.2mg.
10. (Original) The method of claim 1, further comprising administering to said patient an effective amount of an interferon.
11. (Original) The method of claim 10 wherein said interferon is interferon alpha.
12. (Original) The method of claim 11 wherein said amount of said interferon is about 1-3MU.
13. (Original) The method of claim 1 wherein said alpha thymosin peptide is conjugated to a polymer.
14. (Original) The method of claim 13 wherein said polymer is polyethylene glycol (PEG).
15. (Canceled).
16. (Previously Presented) The method of claim 14 wherein said PEG of said PEG-TA1 has a molecular weight of about 20,000.
17. (Original) The method of claim 1 wherein said alpha thymosin peptide is substantially continuously maintained in said patient in an immune stimulating-effective amount.

18. (Original) The method of claim 17 wherein said alpha thymosin peptide is administered by continuous infusion into said patient.
19. (Canceled).
20. (New) The method of claim 1 wherein said alpha thymosin peptide is isolated naturally occurring TA1.
21. (New) The method of claim 1 wherein said alpha thymosin peptide is synthetic TA1.
22. (New) The method of claim 1 wherein said alpha thymosin peptide is recombinant TA1.
23. (New) The method of claim 1 wherein said alpha thymosin peptide is an abbreviated amino acid sequence of naturally occurring TA1 which has bioactivity substantially similar to that of naturally occurring TA1.